

PTO/SB/30  
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| <b>REQUEST FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b> |  | Application Number: 09/409,617         |
|  |  | Filing Date: October 1, 1999           |
|  |  | First Named Inventor: D.M. Shackelford |
|  |  | Group Art Unit: 2132                   |
|  |  | Examiner Name: Benjamin E. Lanier      |
|  |  | Atty Docket Number: TU999029           |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.  
**NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000.**

**1. Submission required under 37 C.F.R. § 1.114**

- a.  Previously submitted
  - i.  Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on April 25, 2005.
  - ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.
  - iii.  Other \_\_\_\_\_.
- b.  Enclosed
  - i.  Copy of Previously filed Amendment/Reply, 21 pages
  - ii.  Fee Transmittal Form
  - iii.  Supplemental Information Disclosure \_\_\_\_\_.

**2. Miscellaneous**

- a.  Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of \_\_\_\_\_ months. (Fee of \$\_\_\_\_\_ under 37 C.F.R. §1.17(i) is enclosed.)
- b.  Other \_\_\_\_\_.

**3. Fees**

- a.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 09-0449.
  - i.  RCE fee required under 37 C.F.R. § 1.17(e)
  - ii.  Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
  - iii.  Charge Any Deficiency.
- b.  Check in the amount of \$\_\_\_\_\_ is enclosed.
- c.  Payment by credit card (Form PTO-2038 enclosed) for extending One Month Extension of Time to Two Month Extension.

|   |  |
|---|--|
| <b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b> |  |
| Name (print/type) David W. Victor                         | Registration No. Registration No. 39,867 |
| Signature   | Date May 24, 2005                        |

|  |                   |
|--|-------------------|
| <b>CERTIFICATE OF MAILING OR TRANSMISSION</b>  |                   |
| I hereby certify that this correspondence is being transmitted by facsimile to Benjamin E. Lanier of the U.S. Patent and Trademark Office at 703-872-9306 on May 23, 2005. |                   |
| Name (print/type) David W. Victor  |                   |
| Signature  | Date May 24, 2005 |

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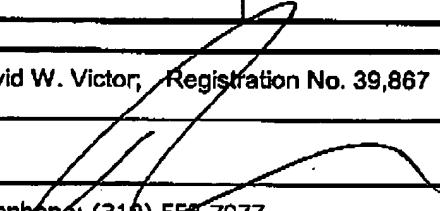
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0018.0056

|                                    |  |                        |                    |
|------------------------------------|--|------------------------|--------------------|
| <b>FEE TRANSMITTAL</b>             |  | Application Number     | 09/409,617         |
| <b>for FY 2005</b>                 |  | Filing Date            | October 1, 1999    |
|                                    |  | Inventor               | D.M. Shackelford   |
|                                    |  | Group Art Unit         | 2132               |
|                                    |  | Examiner Name          | Benjamin E. Lanier |
| Total Amount of Payment: \$ 790.00 |  | Attorney Docket Number | TU999029           |

|  |        |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
|--|--------|--|--|---|-------|--|------|--|-------|---|------|--|-------|---|--------|---|-------|--|-------|---|--------|--|--------|---|--------|---|-------|---|-------|---|--------|--|--------|---|-------|---|--------|--|-------|--|------|---|-------|--|------|---|-------|---|-------|---------------------------------|--|
| <b>METHOD OF PAYMENT</b> (check one)   |        | <b>FEE CALCULATION</b> (continued)   |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the indicated fees and/or credit any overpayments to Deposit Account Number: 09-0449</p> <p><input type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Charge any deficiency or credit any overpayment</p> <p>2. <input type="checkbox"/> Payment enclosed:</p> <p><input type="checkbox"/> Ck. No. _____ for \$_____</p> <p><input type="checkbox"/> Ck. No. _____ for \$40</p> <p><input type="checkbox"/> Credit Card Approval for _____</p> |        | <p>3. ADDITIONAL FEES (large entity)</p> <table> <tr><td><input type="checkbox"/> Surcharge- late filing fee or oath</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Non-English specification</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> International type search report</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR prior to action</td><td>\$920</td></tr> <tr><td><input type="checkbox"/> Requesting publication of SIR after action</td><td>\$1840</td></tr> <tr><td><input type="checkbox"/> Extension for reply- first month</td><td>\$120</td></tr> <tr><td><input type="checkbox"/> Extension for reply- second month</td><td>\$450</td></tr> <tr><td><input type="checkbox"/> Extension for reply- third month</td><td>\$1020</td></tr> <tr><td><input type="checkbox"/> Extension for reply- fourth month</td><td>\$1590</td></tr> <tr><td><input type="checkbox"/> Extension for reply- fifth month</td><td>\$2160</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Brief in Support of Appeal</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Request for Oral Hearing</td><td>\$1000</td></tr> <tr><td><input type="checkbox"/> Utility issue fee</td><td>\$1400</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unavoidable)</td><td>\$500</td></tr> <tr><td><input type="checkbox"/> Petition to revive (unintentional)</td><td>\$1500</td></tr> <tr><td><input type="checkbox"/> Petitions to the Commissioner</td><td>\$130</td></tr> <tr><td><input type="checkbox"/> Petitions related to provisional applications</td><td>\$50</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td>\$180</td></tr> <tr><td><input type="checkbox"/> Recordation of Assignment</td><td>\$40</td></tr> <tr><td><input type="checkbox"/> Submission after final (37 CFR 1.129(a))</td><td>\$790</td></tr> <tr><td><input checked="" type="checkbox"/> Request for Continued Examination (RCE)</td><td>\$790</td></tr> <tr><td><input type="checkbox"/> Other:</td><td></td></tr> </table> <p><b>SUBTOTAL</b> \$790.00</p> |  | <input type="checkbox"/> Surcharge- late filing fee or oath | \$130 | <input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet | \$50 | <input type="checkbox"/> Non-English specification | \$130 | <input type="checkbox"/> International type search report | \$40 | <input type="checkbox"/> Requesting publication of SIR prior to action | \$920 | <input type="checkbox"/> Requesting publication of SIR after action | \$1840 | <input type="checkbox"/> Extension for reply- first month | \$120 | <input type="checkbox"/> Extension for reply- second month | \$450 | <input type="checkbox"/> Extension for reply- third month | \$1020 | <input type="checkbox"/> Extension for reply- fourth month | \$1590 | <input type="checkbox"/> Extension for reply- fifth month | \$2160 | <input type="checkbox"/> Notice of Appeal | \$500 | <input type="checkbox"/> Brief in Support of Appeal | \$500 | <input type="checkbox"/> Request for Oral Hearing | \$1000 | <input type="checkbox"/> Utility issue fee | \$1400 | <input type="checkbox"/> Petition to revive (unavoidable) | \$500 | <input type="checkbox"/> Petition to revive (unintentional) | \$1500 | <input type="checkbox"/> Petitions to the Commissioner | \$130 | <input type="checkbox"/> Petitions related to provisional applications | \$50 | <input type="checkbox"/> Submission of Information Disclosure Statement | \$180 | <input type="checkbox"/> Recordation of Assignment | \$40 | <input type="checkbox"/> Submission after final (37 CFR 1.129(a)) | \$790 | <input checked="" type="checkbox"/> Request for Continued Examination (RCE) | \$790 | <input type="checkbox"/> Other: |  |
| <input type="checkbox"/> Surcharge- late filing fee or oath  | \$130  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Surcharge- late provisional filing fee or cover sheet   | \$50   |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Non-English specification   | \$130  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> International type search report  | \$40   |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Requesting publication of SIR prior to action   | \$920  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Requesting publication of SIR after action  | \$1840 |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- first month  | \$120  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- second month   | \$450  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- third month  | \$1020 |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- fourth month   | \$1590 |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Extension for reply- fifth month  | \$2160 |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Notice of Appeal  | \$500  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Brief in Support of Appeal  | \$500  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Request for Oral Hearing  | \$1000 |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Utility issue fee   | \$1400 |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petition to revive (unavoidable)  | \$500  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petition to revive (unintentional)  | \$1500 |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petitions to the Commissioner   | \$130  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Petitions related to provisional applications   | \$50   |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Submission of Information Disclosure Statement  | \$180  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Recordation of Assignment   | \$40   |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Submission after final (37 CFR 1.129(a))  | \$790  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input checked="" type="checkbox"/> Request for Continued Examination (RCE)  | \$790  |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |
| <input type="checkbox"/> Other:  |        |  |  |   |       |  |      |  |       |   |      |  |       |   |        |   |       |  |       |   |        |  |        |   |        |   |       |   |       |   |        |  |        |   |       |   |        |  |       |  |      |   |       |  |      |   |       |   |       |                                 |  |

Submitted by:

|                          |  |              |
|--------------------------|--|--------------|
| Firm or Individual Name: | David W. Victor, Registration No. 39,867   | Customer No. |
| Signature:               |  |              |
| Date: May 24, 2005       | Telephone: (316) 553-7977  |              |

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**PLEASE DELIVER THIS FACSIMILE  
TO EXAMINER BENJAMIN E. LANIER**

TO: Commissioner for Patents  
Attn: Examiner Benjamin E. Lanier  
Group Art Unit 2132  
Patent Examining Corps  
Facsimile Center  
Washington, D.C. 20231

FROM: David W. Victor  
OUR REF: 0018.0056  
TELEPHONE: 310-556-7983

Total pages, including cover letter: 25

**PTO FAX NUMBER 1-703-872-9306**

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EXAMINATION (RCE) TRANSMITTAL; PTO/SB/17 FEE TRANSMITTAL; COPY  
OF PREVIOUSLY FILED AMENDMENT

Applicant: D.M. Shackelford  
Serial No.: 09/409,617  
Filed: October 1, 1999  
Group Art Unit: 2132  
Docket No.: TU999029

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on May 24, 2005

By:  
Name: David W. Victor